

HEALTH OCCUPATIONS CREDENTIALING
1000 SW JACKSON, SUITE 200, TOPEKA, KS 66612- 1365
CRIMINAL RECORD CHECK REQUEST FORM

FACILITY NAME:

FACILITY I D #

ADDRESS:

CITY:

STATE :

ZIP CODE:

Applicant information: **ALL REQUESTED INFORMATION MUST BE PROVIDED** or the form will not be processed.

Last Name:

First Name:

Middle Name

Suffix (Jr, Sr, etc)

Other Names Ever Used:

Last Name:

Last Name: **

** List additional names on back. Check here if more on back.

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One of the following **must** be selected

Social Security Number

Date of Birth

Sex

Race

A - Asian or Pacific Islander

B - Black

I - Native American/Alaskan Native

W - White

Address

Post Office Box # (if applicable)

City

State

County

Zip Code

Home Phone

Work Phone

Certificate # (if applicable)

Job Classification: Determine the correct job classification for the applicant and
Insert the three letter abbreviation in the box.

Activities Staff

ACS

Food Service Worker

FSW

Medical Records Staff

MRS

Administrator

ADM

Home Health Aide

HHA

Operator

OPR

Business and Administrative

BAS

Home Health Aide Trainee

HHT

Paid Driver

DRV

Certified Medication Aide

CMA

Housekeeping

HSK

Paid Nutrition Assistant

PNA

Certified Nurse Aide

CNA

Human Resources Staff

HRS

Personnel Staff

PER

Nurse Aide Trainee

NAT

Laundry Workers

LDW

Restorative Ade

RSA

Chaplain

CHN

Maintenance Worker

MTW

Social Service Designee

SSD

Clerical Staff

CLS

Marketing Staff

MKT

Volunteer Coordinator

VLC

Wellness Staff

WEL